REPORTS

OF THE

TRUSTEES, STEWARD AND TREASURER,

AND

SUPERINTENDENT

OF THE

INSANE HOSPITAL,

1846.

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REPORT

OF THE

TRUSTEES

OF THE

INSANE HOSPITAL,

1846.

Officers of the Institution.

BOARD OF TRUSTEES.

EDWARD S. JARVIS, EDWARD SWAN,
CORNELIUS HOLLAND, CHARLES MILLET,
JOHN HUBBARD, ISAAC REED.

Dr. JAMES BATES, Superintendent.

JOSHUA S. TURNER, Steward and Tteasurer.

HENRY M. HARLOW, M. D., Assistant Physician.

MARIA JOHNSON, Matron.

REPORT.

To the Honorable Governor and Council
of the State of Maine.

The Trustees of the Insane Hospital take pleasure in announcing the continued prosperity and extended usefulness of the Institution.

In no former year, since its organization, have the interests of the Hospital been more vigilantly attended to, or the duties, connected with its faithful administration, and with the attainment of the beneficent objects for which it was founded, been more faithfully and ably discharged by the officers who have it in immediate charge.

Two or more of the Trustees have, in accordance with the law, which regulates the government of the Hospital, made monthly visitations. They have carefully examined into the condition of the buildings, and their several apartments—have seen the patients individually, conversed freely with them, inquired into their condition, their treatment, and everything which relates to their contentment and happiness.

They find that great care has been taken by the Superintendent and the Steward and their subordinates, to preserve the buildings and all the property belonging to the institution from harm, and to keep them in good condition. Neatness, order, everything relating to the com-

fort and convenience of the inmates of the Hospital has been strictly observed.

The treatment of the insane has been uniformly kind, gentlemanly and conciliatory—a proper regard to their rights, and to their feelings, as members of the human family, and as individuals bereft of reason and of the power of self-control, has been strictly observed. The utmost harmony and good feeling has uniformly prevailed amongst the officers and attendants of the Institution, and so far as is practicable with the distempered and irregulated passions of the insane, between the officers and the patients.

The accounts of the Steward have been examined quarterly, his vouchers strictly scrutinized, and all found correct, and in accordance with his report, herewith submitted. His report shows the financial condition of the Institution correctly, and gives a very satisfactory result. It will be seen by it, that the ordinary expenses of the Hospital have been very nearly met by its ordinary income arising from the board of patients.

The board of patients was for very obvious and humane reasons reduced to a low rate by the Trustees of last year, as communicated to you in their report. The price for each individual is left to the discretion of the Superintendent. The average of prices determined by him for this year has fallen far short of the maximum of the rates fixed by the Board, and it is confidently believed by your Trustees, that the current expenses for the ensuing year will be met by a price at an average within that maximum.

The increased cost of provisions and other causes will, however, probably, render it necessary to advance somewhat upon the price of board.

The report of the Superintendent shows an increased number of patients, and a degree of success in their treatment, which must be highly gratifying to their friends, as well as satisfactory to the public.

Were any further evidence of the increase of popularity, of public confidence, and of the usefulness of the Institution wanted, it might be found in the very liberal appropriations made by the last Legislature for its benefit —appropriations which do honor alike to the head and heart of the representatives, and to their constituents, whose will, upon this subject, they have so faithfully reflected.

Mr. Turner, our Steward, was duly authorized by the Trustees to carry into effect the appropriation of $1500 for the construction of a new Cottage. That duty he has discharged with fidelity and ability. We have now, completed, a building, which is fully adequate to all the demands, for one of its purpose, of the female department—one which, for convenience of arrangement, neatness and durability of structure, and the comforts and aids to cure, which it will give to all, and especially to the most noisy and violent class of the insane, will compare well with any similar structure at other Institutions.

We regret to say, that the expense of this building has exceeded, by some two hundred dollars, the appropriation; but we believe it to have been unavoidable.

At a meeting of the full Board, August 26th last, John Hubbard, Edward Swan, and Isaac Reed, members of the Board, were appointed a committee to carry into effect the appropriation for erecting a new wing to the male department of the Hospital. Upon mature deliberation, it was believed that this mode would be quite as certain and efficient in accomplishing the object of the appropri-

ation, and much more economical, than the one usually pursued, of hiring an agent for the purpose.

The committee have employed Col. Henry Sawyer as chief architect, and have authorized him to employ laborers and superintend the work generally, &c. Col. Sawyer's honesty and fidelity as a man, and his competency as an architect, are too well known, in this vicinity, to need our commendation. He was employed, and took a leading part in the whole of the erection of the present Hospital buildings.

The basement story and foundation are excavated—the material and work of granite, the bricks and all the lumber and timber, for the whole building, are contracted for, on terms advantageous to the Institution.

The workmen are mostly engaged, and such portions of the material are already on the ground, as will enable them to commence the building at the earliest practicable moment—the balance of the material is to be delivered as fast as wanted in the progress of the work. It is contemplated to finish the whole in the course of the year.

The size of the building is to be 42 feet by 158, instead of 38 by 160 as contemplated by the original draught and estimates. It was found, on careful examination, that such change in the dimensions, would give more rooms and of more convenient arrangement, in proportion to the ground dimensions, and that too, as is believed, with very little additional expense. The cost of the building in the whole, is not expected to overreach the appropriation.

Your attention has been, in the report of the Superintendent, very truly and forcibly directed to the necessities and privations of the Institution on the account of water. The Trustees have carefully examined the premises, and they are perfectly satisfied that there is no source of sup-

ply, at all to be relied upon, nearer than the spring which was purchased by the Hospital for the purpose—that this spring will afford an abundant and never failing supply, and that, notwithstanding the much to be regretted failure in the attempt to bring the water from it to the Hospital by aqueduct, it can be thus brought. They have therefore authorized Maj. Swan to see to the bringing of it. There will be wanted some appropriation, it is hoped not very large, to defray the expense.

Should the new wing be completed this year, as is confidently anticipated, there will also be needed an appropriation by this Legislature to furnish it, as it will be called into use before the ensuing Legislature will be in session.

The purchase of the tract of land, contemplated in the appropriation for that purpose, has been effected in accordance with the sum appropriated, and the deed for the same is in the office of the Secretary of State.

A new, capacious, and very convenient carriage has been purchased for the use of the patients; so that now all those whose condition renders such exercise useful can be accommodated. Gratifying as is the present condition of the Hospital in its extended usefulness, it is believed that its benefits are susceptible of a much more extensive application. Aside from the insane poor, to whom your attention is directed by the Superintendent, there is sufficient reason for believing, that there are within the limits of the State very many insane persons, whose families and friends are amply able to defray the expense; but who are kept in the most loathsome and debasing confinement, from ignorance, on the part of those friends, of the benefits and comforts of an insane hospital, or, what is worse, from motives of sordid penuriousness.

There is undoubtedly a still larger class, not confined, who are deprived of the benefits of the Hospital from similar causes.

Such, in the present enlightened age, should not be the case.

Far be it from the wish of your Trustees to trespass upon domestic rights, or to approach rudely and irreverently the fireside and domestic altar of families; but society has its rights, humanity has its rights, the insane too have their rights, rights covert and in abeyance it is true, but does the cause of justice and humanity plead the less loudly in their behalf in consequence of their helplessness and their misfortune? It is then respectfully submitted, whether legislation may not reach the evils that are outraging the rights of the one, without shocking public sentiment, or violating the rights of the other.

Indeed it appears to us, that the whole subject matter of our laws upon insanity needs to be taken up, and those laws to be revised and amended. Scattered in fragments throughout your statutes, there is an indefiniteness of object, a looseness of phraseology, and a contradiction of provision in these laws, to us at least totally irreconcilable and incomprehensible. The means and authority for commitment to the Hospital, the tribunal and manner of determining the fact of insanity, are, to say the least, but obscurely and imperfectly defined. Your Trustees have felt the embarrassment growing out of this state of the laws—and although they have no reason for believing that the rights of the individual have, in any instance, been violated, still the repeated appeals of the insane for a hearing and for the redress of supposed wrongs inflicted by their confinement, have been the subject of much annoyance.

It is not to be expected that such complaints can, by by any means, be entirely done away with; nevertheless, a definite and uniform mode of determining the question of insanity, and a formal hearing before a competent tribunal, prior to admission into the Hospital, might do much towards quieting complaint, and rendering the inmates more peaceful and happy.

JOHN HUBBARD,
EDWARD S. JARVIS,
CORNELIUS HOLLAND,
EDWARD SWAN,
CHARLES MILLET,
ISAAC REED.

REPORT

OF THE

STEWARD AND TREASURER

OF THE

INSANE HOSPITAL,

1846.

REPORT.

The Steward and Treasurer of the Maine Insane Hospital, in compliance with the provisions of law regulating the affairs of the Hospital, presents his annual Report to the Board of Trustees, as follows, viz:

The Treasurer charges himself with cash received for board of patients, &c., .	$10,999 11
The appropriation made by the Legislature for enlarging the Cottage, . . .	1,500 00
The appropriation by the Legislature also, for the purchase of a carriage and harnesses, and to supply any deficiency in funds which might arise from the reduction of the price of board, ...	600 00
To cash received of the bequest of Hon. Bryce McLellan, ...	30 00
	$13,129 11

The Hospital has been charged with the following expenses, viz:

For provisions and groceries, . . .	$4,652 99
For labor, ...	2,310 88
For enlarging Cottage, ...	1,754 85
For carpeting, quilts, chairs and bedsteads,	319 88

For expenses of lawsuit with town of Bath, and also for commencing suit against O. Foord,		98 60
For carriage and harnesses,		245 00
For iron steam-pipe,		37 97
For wearing apparel for male patients,		624 08
For fuel,		702 88
For balance due Treasurer last year,		312 31
For miscellanies,		2,476 88
Total amount charged to Hospital,		$13,536 32
Total amount of cash received by Treasurer,		13,129 11
The Hospital is now in debt to the Treasurer four hundred and seven dollars and twenty-one cents,		$407 21
From which should be deducted the balance of three hundred and twelve dollars and thirty-one cents, which was due the Treasurer at the close of last year,		312 31
		$94 90
There is also a diminution in the balances due the Hospital, viz:		
At the close of the year 1845,	$4,080 92	
At the close of the year 1846,	3,669 73	
		411 19
		$506 09

The above sum of five hundred and six dollars and nine cents, together with the six hundred dollars appropriated by the Legislature, may be accounted for thus:

For enlarging the Cottage, beyond the appropriation,	$254 85
For carpeting, bedsteads, bed-quilts, and chairs, above our yearly purchases, to replace that destroyed and worn out,	319 88
For carriage and harnesses,	245 00
For cost in actions against the town of Bath and Oakman Foord, which debt was cancelled by the Legislature,	98 60
For iron steam-pipe,	37 97
	$956 30

The above enumerated articles should not be included in our ordinary expenses, consequently our expenses have not exceeded our income but one hundred and forty-nine dollars and eighty-nine cents, which loss may be attributed to the small crop and increased price of vegetables, which forms an important part of our diet.

The following is an estimate of the value and quantity of the crops produced from the farm as, follows:

45 tons of hay, at $8,	$360 00
540 bushels of potatoes, at 42 cents,	226 80
21 1-2 bushels of wheat, at $1·25,	26 87
100 bushels of oats, at 33 1-3 cents,	33 33
250 bushels of turnips, at 16 2-3 cents,	41 67
50 bushels of beets, at 50 cents,	25 00
180 bushels of carrots, at 25 cents,	45 00
150 bushels of apples, at 25 cents,	37 50
3762 lbs. of pork, at 6 cents,	225 72
6 tons oat straw, at $4,	24 00
20 bushels of corn, at 80 cents,	16 00
Small vegetables, cabbages, beans, peas, green corn, &c.,	40 00
	$1,101 89

The above is the reward of the labor of the patients, and one man employed at an average price of thirteen dollars per month, and in addition, there have been fifty rods of stone-fence nearly completed, and our grounds generally are in better condition for crops the year ensuing than at any former period.

J. S. TURNER.

Nov. 30, 1846.

SEVENTH ANNUAL REPORT

OF THE

SUPERINTENDENT

OF THE

INSANE HOSPITAL,

1846.

REPORT.

To the Honorable the Governor and Council of the State of Maine:

GENTLEMEN:—Another year of our labors at the Maine Insane Hospital is completed, and my duty, to report the results of those labors, recurs.

The highly satisfactory success which has crowned our efforts, the exemption from accident, epidemic or contagious disease, or unexpected mortality, call first of all for devout thanks to the Author of all good for his protecting care and manifold mercies towards us.

I am happy in being able to state an increasing number of admissions and recoveries as proof of undiminished public confidence in the Institution. Notwithstanding the crowded state of our male department, and other disadvantages hereafter to be noted, the history of the past year will contrast favorably with any one which has preceded it.

BRIEF STATEMENT.

	Males.	Females.	Total.
Number of patients in Hospital 30th Nov., 1845,	55	30	85
Admission since, to 30th Nov., 1846,	45	57	102
Whole number of *cases* during the year,	100	87	187
Discharged during the year—			
Recovered,	23	23	46
Improved,	10	11	21
Unimproved,	5	10	15
Died,	3	2	5
	41	46	87
Remaining 30th November, 1846,	59	41	100
Largest number during the year,			107
Smallest number during the year,			79
Average for 1846,			93.9
Average for 1845,			80.2
Average for 1844,			70

[No. 1.] *Showing the disposal and state of 85 patients remaining Dec. 1, 1845.*

No.	When admitted.	Sex.	Civil condition.	Age when admitted.	Age at first attack.	By whom committed.	Duration of attack before admission.	Time in Hospital.	Discharged, dead, or remain.	State now, or when discharged.	Remarks.
15	14 Nov., 1840.	F.	Single.	44	24	Friends.	20 years.	6 years.	Remains.	Unimproved.	Now by town.
28	30 Dec., "	M.	"	37	25	do.	12 do.	5 years 11 mos.	do.	do.	
48	25 Feb., 1841.	"	"	53	23	Town.	30 do.	5 do. 9 do.	do.	do.	
52	9 March, "	"	Married.	36	32	Friends.	4 do.	5 do. 8 do.	do.	do. Epileptic.	Now by town.
70	11 April, "	"	Single.	28	25	Town.	3 do.	5 do. 7 do.	do.	Unimproved.	
74	21 April, "	"	"	18	16	Friends.	2 do.	5 do. 7 do.	do.	do.	
79	6 May, "	"	"	33	30	do.	3 do.	5 do. 4 do.	Discharged.	do.	
118	14 Oct., "	"	"	17	16	do.	1 do.	5 do. 1 do.	Remains.	do.	
126	29 " "	"	"	37	29	do.	8 do.	5 do. 1 do.	do.	Improved.	
131	13 Dec., "	F.	"	27	23	Town.	4 do.	4 do. 11 do.	do.	Unimproved.	
133	22 " "	M.	"	27	21	Friends.	6 do.	4 do. 11 do.	do.	do.	
139	14 Jan., 1842.	"	"	48	33	Court.	15 do.	4 do. 10 do.	do.	do.	State charge.
167	11 May, "	"	"	20	18	Friends.	2 do.	4 do. 6 do.	do.	do.	
215	2 Nov., "	"	Married.	70	66	do.	4 do.	4 do.	do.	do.	
229	23 Feb. 1843.	"	Single.	43	25	do.	18 do.	3 do. 9 do.	do.	do.	
250	30 May, "	"	"	32	31	do.	8 months.	3 do. 3 do.	Discharged.	do.	Habits imp'd.
260	17 June, "	"	Widower.	83	73	do.	10 years.	3 do. 5 do.	Died.		Old age.
300	17 Nov., "	"	Single.	25	21	do.	4 do.	3 do.	Remains.	Unimproved.	{ Belongs out of State.
304	29 " "	"	Married.	36	35	Town.	8 months.	3 do.	do.	do.	
314	10 Jan., 1844.	"	Single.	30	26	Friends.	4 years.	2 do. 10 do.	do.	Improved.	
320	22 Feb., "	F.	Married.	45	35	Town.	10 do.	2 do. 9 do.	do.	Unimproved.	
321	22 " "	"	"	37	34	do.	3 do.	2 do. 9 do.	do.	Improved.	State charge.
344	28 May, "	M.	Single.	35	19	do.	16 do.	2 do. 6 do.	do.	Unimproved.	

350	26 June,	"	M.	Widower.	57	53	Court.	4 do.	2 do.	5 do.	do.	Improved.	State charge.
358	16 Aug.,	"	"	Single.	22	19	Town.	2 years 6 mos.	2 do.	3 do.	do.	Unimproved.	
363	7 Sept.,	"	"	Married.	50	25	do.	3 weeks.	2 do.	2 do.	do.	Improved.	Now widower.
366	12 "	"	F.	"	42	39	Friends.	3 years.	2 do.	2 do.	do.	Unimproved.	
367	17 "	"	M.	Single.	48	28	do.	20 years.	2 do.	2 do.	do.	do.	
368	20 "	"	F.	Married.	34	34	do.	3 months.	2 do.	2 do.	do.	do.	{ Paralytic. N. Brunswick.
369	21 "	"	M.	"	38	37	Town.	6 do.	2 do.	2 do.	do.	Improved.	
372	9 Oct.,	"	F.	Single.	17	15	do.	2 years.	1 do.	3 do.	Discharged.	do.	
374	11 "	"	"	Married.	36	31	Friends.	3 do.	1 do.	10 do.	do.	Unimproved.	
375	14 "	"	"	Widow.	65	65	Town.	2 months.	1 do.	6 do.	do.	Improved.	
379	29 "	"	M.	Married.	60	41	Friends.	2 do.	2 do.	1 do.	Remains.	do.	
384	16 Nov.,	"	"	Single.	23	22	Town.	2 do.	2 do.		do.	Unimproved.	
391	20 Dec.,	"	"	"	40	40	Town.	2 weeks.	1 do.	4 do.	Discharged.	Recovered.	
401	1 Feb., 1845.		"	Married.	49	24	Friends.	2 do.	1 do.	5 do.	do.	Improved.	
404	17 March, "		F.	Single.	48	21	do.	7 do.	1 do.	6 do.	do.	do.	
405	19 "	"	M.	Married.	40	40	Town.	9 months.	1 do.	8 do.	Remains.	do.	
406	23 "	"	F.	Single.	30	29	Friends.	1 year.	1 do.	8 do.	do.	Unimproved.	
407	27 "	"	M.	Married.	61	58	Town.	3 years.	1 do.	8 do.	do.	do.	
410	2 April,	"	F.	Single.	27	23	do.	2 months.	42 weeks.		Discharged.	Recovered.	
412	15 "	"	"	Married.	31	31	do.	6 weeks.	36 do.		do.	do.	
416	3 May,	"	"	Single.	24	24	do.	5 do.	33 do.		do.	do.	
417	10 "	"	"	Married.	41	31	Friends.	6 do.	29 do.		do.	do.	
423	21 "	"	"	Widow.	52	49	do.	2 years 6 mos.	1 year 6 mos.		Remains.	Unimproved.	
427	31 "	"	M.	Single.	37	36	Town.	1 year.	1 do. 6 do.		do.	do.	
428	2 June,	"	"	Widower.	72	72	Friends.	3 months.	1 do. 6 do.		do.	do.	
429	2 "	"	"	"	61	41	do.	15 do.	1 do. 6 do.		do.	Improved.	
431	7 "	"	"	Single.	22	22	Town.	6 weeks.	27 weeks.		Discharged.	Recovered.	
433	9 "	"	"	Married.	69	67	Friends.	17 months.	1 year.		do.	Improved.	
434	11 "	"	F.	Single.	72	66	Town.	6 do.	44 weeks.		do.	Recovered.	
441	20 "	"	M.	"	20	18	Friends.	2 years.	34 do.		Died.		Consumption.
442	26 "	"	"	"	31	27	"	10 days.	1 year 5 mos.		Remains.	Unimproved.	
443	27 "	"	"	"	27	25	Town.	18 months.	1 do. 5 do.		do.	do.	
446	8 July,	"	"	Married.	40	36	do.	9 weeks.	1 do. 5 do.		do.	do.	
450	29 "	"	"	Widower.	79	37	Friends.	2 years 6 mos.	1 do.		Discharged.	Improved.	

Table No. 1, (Continued.)

No.	When admitted.	Sex.	Civil condition.	Age when admitted.	Age at first attack.	By whom committed.	Duration of attack before admission.	Time in Hospital.	Discharged, dead, or remain.	State now, or when discharged.	Remarks.
451	2 Aug., 1844.	M.	Single.	20	16	Town.	3 weeks.	17 weeks.	Discharged.	Recovered.	
452	7 " "	F.	Married.	59	48	Friends.	4 years.	43 do.	do.	Unimproved.	
453	7 " "	M.	Married.	34	32	Town.	4 months.	51 do.	do.	Recovered.	
455	14 " "	"	Single.	19	10	Friends.	6 weeks.	23 do.	do.	Improved.	
457	19 " "	"	"	25	25	Town.	3 do.	44 do.	do.	Recovered.	
458	21 " "	"	Married.	46	30	Friends.	10 months.	18 do.	do.	do.	
461	26 " "	F.	Single.	51	47	Town.	4 weeks.	21 do.	do.	do.	
463	4 Sept., "	"	Widow.	59	38	Friends.	21 years.	43 do.	do.	Unimproved.	
464	5 " "	M.	Single.	18	16	Friends.	17 months.	21 do.	Died.		Diseased brain.
465	10 " "	"	Married.	45	30	Court.	15 years.	1 year 2 mos.	Remains.	Unimproved.	State charge.
467	15 " "	"	"	32	30	Friends.	2 months.	17 weeks.	Discharged.	Recovered.	
468	16 " "	"	Single.	58	57	do.	1 year.	37 do.	do.	Improved.	
470	19 " "	F.	Married.	46	28	do.	6 months.	11 do.	do.	do.	
471	23 " "	"	Single.	19	17	Town.	5 do.	14 do.	do.	Unimproved.	
472	28 " "	"	Married.	47	46	Friends.	5 do.	10 do.	do.	Recovered.	
473	1 Oct., "	M.	"	60	54	do.	2 weeks.	26 do.	do.	do.	
474	1 " "	F.	Single.	43	22	Town.	2 months.	58 do.	do.	Improved.	
475	3 " "	M.	"	23	22	Friends.	5 do.	11 do.	do.	Recovered.	
477	7 " "	"	Married.	36	28	Town.	6 do.	33 do.	do.	Improved.	
478	8 " "	F.	Single.	31	26	Friends.	5 years.	33 do.	do.	Unimproved.	
479	14 " "	"	Married.	33	20	Town.	4 months.	58 do.	Remains.	Improved.	
480	14 " "	"	"	40	30	Town.	3 do.	58 do.	do.	do.	
481	20 " "	M.	"	59	48	Friends.	1 do.	8 do.	Discharged.	Recovered.	
482	29 " "	F.	Widow.	54	52	do.	2 years.	56 do.	Remains.	Improved.	

483	31	"	"	"	Single.	64	40	Town.	1 year 6 mos.	47	do.	Discharged.	Recovered.	
484	8	Nov.,	"	M.	"	20	16	Friends.	1 year 6 mos.	8	do.	do.	Improved.	
485	14	"	"	"	"	17	17	do.	2 weeks.	18	do.	do.	Recovered.	
486	24	"	"	F.	Married.	56	37	do.	10 days.	15	do.	do.	do.	

[No. 2.] *Showing the disposal and present state of* 102 *patients admitted during the year ending November* 30.

487	5	Dec., 1845.	M.	Married.	34	33	Friends.	9 months.	35 weeks.	Discharged.	Recovered.	
488	6	"	"	"	28	19	do.	9 years.	1 year.	Remains.	Unimproved.	
489	6	"	"	F.	Single.	18	17	Town.	1 year.	29 weeks.	Discharged.	Recovered.	
490	11	"	"	M.	Married.	57	44	do.	8 weeks.	16 do.	do.	do.	
491	25	"	"	F.	"	50	20	do.	5 months.	11 months.	Remains.	Unimproved.	
492	27	"	"	M.	Widow.	45	45	do.	4 months.	11 do.	do.	Improved.	
493	30	"	"	"	Single.	32	31	do.	6 months.	11 do.	do.	Unimproved.	
494	1	Jan., 1846.	"	Married.	43	41	do.	1 year 6 mos.	11 do.	do.	do.	
495	1	"	"	"	Single.	54	27	do.	3 weeks.	11 do.	do.	Improved.	
496	6	"	"	"	Married.	35	34	do.	9 months.	29 weeks.	Discharged.	do.	Prematurely removed.
497	12	"	"	"	Single.	32	27	Friends.	5 years.	16 do.	do.	Unimproved.	
498	21	"	"	"	"	27	27	do.	8 months.	31 do.	do.	Recovered.	
499	21	"	"	F.	Married.	47	34	do.	3 weeks.	39 do.	do.	do.	
500	24	"	"	M.	"	37	29	do.	8 years.	10 months.	Remains.	Improved.	
501	19	Feb.,	"	F.	"	50	45	Town.	5 months.	15 weeks.	Discharged.	Recovered.	
502	19	"	"	M.	Single.	34	30	do.	3 years.	9 months.	Remains.	Unimproved.	
503	23	"	"	F.	"	46	27	Friends.	19 years.	9 do.	do.	do.	
504	2	March,	"	"	Married.	43	35	do.	10 months.	21 weeks.	Discharged.	Improved.	Returned and cured.
505	4	"	"	"	"	48	22	do.	years.	14 weeks.	do.	Recovered.	
506	5	"	"	"	Single.	20	20	do.	3 weeks.	18 do.	do.	do.	
507	6	"	"	"	"	50	30	Town.	years.	9 months.	Remains.	Unimproved.	
508	6	"	"	M.	"	13	1	Friends.	12 years.	9 do.	do.	do.	Epileptic.
509	7	"	"	F.	Married.	28	20	do.	9 months.	11 weeks.	Discharged.	Improved.	Ret'd & cured.

Table No. 2, (Continued.)

No.	When admitted.	Sex.	Civil condition.	Age when admitted.	Age at first attack.	By whom committed.	Duration of attack before admission.	Time in Hospital.	Discharged, dead, or remain.	State now, or when discharged.	Remarks.
510	11 March, 1846.	F.	Single.	28	28	Town.	4 months.	9 months.	Remains.	Improved.	
511	20 " "	M.	Married.	64	62	do.	4 weeks.	30 weeks.	Discharged.	Recovered.	
512	21 " "	"	Single.	20	20	Friends.	8 "	27 do.	do.	do.	
513	24 " "	"	Married.	50	48	Town.	5 days.	6 do.	do.	do.	
514	29 " "	M.	Single.	29	22	do.	7 years.	8 months.	Remains.	Unimproved.	
515	7 April, "	F.	"	50	43	Friends.	7 "	8 do.	do.	Improved.	
516	16 " "	F.	"	24	16	do.	6 months.	27 weeks.	Discharged.	do.	Prematurely removed.
517	20 " "	M.	"	22	20	Town.	2 years.	7 months.	Remains.	Unimproved.	
518	23 " "	"	Married.	46	45	Friends.	1 year.	11 weeks.	Discharged.	Improved.	Prematurely removed.
519	26 " "	"	Single.	25	22	Town.	13 months.	7 months.	Remains.	do.	
520	27 " "	F.	"	26	25	do.	13 do.	26 weeks.	Discharged.	do.	
521	27 " "	M.	"	22	19	Friends.	2 do.	7 months.	Remains.	do.	
522	29 " "	F.	Married.	25	25	do.	3 do.	30 weeks.	Discharged.	Unimproved.	
523	29 " "	"	"	39	31	do.	4 weeks.	17 do.	do.	Recovered.	
524	30 " "	"	Widow.	44	38	Town.	6 do.	7 months.	Remains.	Improved.	
525	2 May, "	M.	Single.	20	18	Friends.	4 months.	23 weeks.	Discharged.	Recovered.	
526	2 " "	F.	Married.	34	40	do.	2 weeks.	6 do.	do.	do.	
527	15 " "	M.	"	53	38	Town.	4 do.	10 do.	do.	do.	
528	15 " "	"	"	38	36	do.	14 months.	6 months.	Remains.	Unimproved.	Epileptic 10 ys.
529	18 " "	F.	"	46	44	Friends.	1 year 6 mos.	5 weeks.	Died.		General Paralysis.

530	21	"	"	"	Single.	29	25	Town.	4 weeks.	2 do.	Discharged.	Unimproved.	Prematurely removed. Sinee recov'd
531	27	"	"	"	Widow.	50	50	Friends.	3 months.	6 months.	Remains.	do.	
532	28	"	"	M.	Single.	21	17	do.	years.	6 do.	do.	Improved.	
533	1	June,	"	F.	Married.	35	25	do.	16 months.	6 do.	do.	do.	
534	8	"	"	M.	Divorced.	44	33	Town.	11 years.	7 weeks.	Absconded.	Unimproved.	
535	9	"	"	F.	Single.	42	25	Friends.	6 weeks.	1 do.	Discharged.	do.	Had been exposed to small pox.
536	13	"	"	M.	"	25	16	do.	1 week.	5½ months.	Remains.	do.	
537	15	"	"	F.	"	39	19	do.	years.	23 weeks.	Discharged.	Recovered.	
538	22	"	"	M.	Married.	35	35	do.	6 years.	23 do.	do.	do.	
539	23	"	"	F.	"	33	31	do.	15 months.	23 do.	Remains.	Unimproved.	
*540	24	"	"	"	Single.	21	18	Town.	2 years.	23 do.	do.	do.	
541	3	July,	"	M.	"	32	26	do.	6 months.	8 do.	Discharged.	Recovered.	
542	7	"	"	F.	Married.	36	30	Friends.	6 do.	21 do.	Remains.	Unimproved.	
543	8	"	"	"	"	28	20	do.	13 do.	13 do.	Discharged.	Recovered.	Same as No. 509.
544	11	"	"	"	"	46	46	do.	8 do.	4½ months.	Remains.	Improved.	
545	12	"	"	"	"	32	27	do.	10 days.	13 weeks.	Discharged.	do.	Prematurely removed and returned.
546	14	"	"	"	Widow.	55	49	do.	3 months.	4½ months.	Remains.	do.	
547	15	"	"	"	Married.	46	46	do.	1 week.	8 weeks.	Discharged.	Recovered.	
548	17	"	"	M.	Single.	30	30	do.	2 months.	8 do.	do.	Improved.	Prematurely removed and returned.
549	24	"	"	"	Married.	28	28	Town.	2 weeks.	16 do.	do.	Recovered.	
550	29	"	"	"	Single.	17	17	Friends.	2 do.	9 do.	do.	do.	
551	29	"	"	F.	Married.	48	44	do.	years.	4 months.	Remains.	Improved.	
552	10	Aug.,	"	"	"	42	26	do.	6 do.	8 weeks.	Died.		Consumption.
553	10	"	"	M.	Single.	33	27	Town.	6 do.	3½ months.	Remains.	Unimproved.	497 Returned.
554	11	"	"	F.	Married.	36	35	Friends.	6 months.	2 weeks.	Discharged.	do.	Paralytic—Incurable.
555	13	"	"	"	"	53	52	do.	1 month.	3½ months.	Remains.	do.	do. do.

Table No. 2, (Continued.

No.	When admitted.	Sex.	Civil condition.	Age when admitted.	Age at first attack.	By whom committed.	Duration of attack before admission.	Time in Hospital.	Discharged, dead, or remain.	State now, or when discharged.	Remarks.
556	13 Aug., 1846.	M.	Married.	44	40	Town.	4 years 4 mos.	3½ months.	Remains.	Unimproved.	
557	15 " "	"	"	60	48	Friends.	3 months.	3½ do.	do.	Improved.	
558	19 " "	F.	"	52	44	Town.	4 weeks.	11 weeks.	Discharged.	Recovered.	
559	22 " "	"	"	42	37	do.	4 months.	14 do.	Remains.	Improved.	
560	25 " "	M.	Single.	43	33	do.	2 years.	14 do.	do.	Unimproved.	468 Returned.
561	3 Sept., "	F.	Widow.	68	50	Friends.	5 months.	12 do.	do.	Improved.	
562	3 " "	M.	Single.	59	57	do.	2 years.	12 do.	do.	Unimproved.	Absconded—Incurable.
563	4 " "	"	Married.	38	32	do.	6 weeks.	4 days.	Discharged.	do.	
564	7 " "	F.	Widow.	62	52	do.	10 years.	11 weeks.	Remains.	Improved.	
565	8 " "	M.	Married.	36	33	Town.	10 days.	11 do.	do.	do.	
566	10 " "	F.	"	50	50	Friends.	6 months.	4 do.	Discharged.	Unimproved.	Paralytic—Incurable.
567	12 " "	"	"	43	35	do.	16 months.	9 do.	do.	Recovered.	504 Returned.
568	16 " "	"	"	51	30	do.	6 weeks.	10 do.	Remains.	Improved.	
569	21 " "	"	Widow.	55	44	do.	11 years.	10 do.	do.	Unimproved.	
570	23 " "	"	"	57	30	Town.	4 weeks.	9 do.	do.	Improved.	
571	24 " "	"	Married.	50	20	do.	30 years.	9 do.	do.	Unimproved.	
572	29 " "	"	Single.	30	28	do.	2 do.	9 do.	do.	do.	
573	29 " "	"	Married.	52	52	Friends.	5 weeks.	6 do.	Discharged.	Recovered.	
574	25 " "	M.	Single.	51	45	Town.	6 years.	9 do.	Remains.	Unimproved.	
575	7 Oct., "	F.	Married.	45	24	Friends.	1 month.	5 do.	Discharged.	Recovered.	
576	15 " "	M.	Married.	52	38	Town.	5 days.	6 do.	Remains.	Improved.	
577	21 " "	"	Single.	28	28	do.	6 months.	6 do.	do.	Unimproved.	
578	23 " "	"	"	30	30	do.	5 do.	5 do.	do.	Improved.	548 Returned.

579	2	Nov.,	"	F.	"	44	29	Friends.	years.	4 do.	do.	Unimproved.	
580	6	"	"	"	Married.	32	27	do.	4 months.	3 do.	do.	do.	545 Returned.
581	6	"	"	"	"	58	55	do.	2 do.	3 do.	do.	Improved.	
582	9	"	"	M.	"	59	47	do.	2 years.	3 do.	do.	Unimproved.	
583	13	"	"	F.	"	29	26	do.	3 do.	2 do.	do.	do.	
584	14	"	"	"	"	58	58	do.	3 weeks.	1 do.	Discharged.	do.	Prematurely removed, No bond, Curable.
585	20	"	"	"	"	36	33	do.	1 year.	10 days.	Remains.	do.	
586	21	"	"	"	Single.	31	28	Town.	3 months.	9 do.	do.	do.	
587	25	"	"	M.	Married.	46	18	do.	6 do.	6 do.	do.	do.	
588	30	"	"	F.	"	67	53	Friends.	24 years.	1 day.	do.	do.	

RECAPITULATION.

TABLE [No. 1.]

Discharged,		39
Recovered,	20	
Improved,	12	
Unimproved,	7	39
Died,	3	3
		42
Remain, improved,	10	
Unimproved,	33	43
Total,		85

TABLE [No. 2.]

Discharged,		43
Recovered,	26	
Improved,	8	
Unimproved,	9	43
Died,		2
		45
Remain, improved,	23	
Unimproved.	34	57
Total,		102

Remaining in all November 30, 1846:

Improved,	33	
Unimproved,	67	
		100

It will be seen by the above tables, that six persons have been prematurely removed and returned, so that only eighty-one *persons* have actually been discharged.—Forty-six of these have recovered, amounting to 56.8 per cent. of the discharges and deaths. The avarage per centage previous to this year, of recoveries in the discharges and deaths, after deducting the cases prematurely *removed and returned in the year*, amounts to 47.5. It may be asked whether this difference is owing to any peculiar management on the part of those who have the care of the Institution? I frankly answer, no. It is wholly owing to the effect of the following order passed by the Board of Trustees on the 31st day of December last, viz:

"ORDERED, That the Superintendent be authorized to require of those offering patients for admission to the Hospital, to stipulate for their continuance at the Hospital for a period of six months at least, unless they be sooner restored to a sound mind, or so far recovered, as in his judgment to render it proper that an earlier discharge be granted."

Perhaps the time mentioned in this order, if rigidly adhered to, may be as well as any other ,in the present state of public opinion; still by reference to the tables, it will be seen that a much longer time *may* be required, and perfectly satisfactory cures obtained. Of the forty-six recoveries the past year, forty-two were not over one year's standing before entering the Hospital, and thirty-eight of them not over six months. The average time spent here by the forty-two recent cases, was one hundred and forty days. The average time spent in the Institution by the four old cases, was two hundred days. One of the most perfect recoveries the past year, was with us four hundred and eighty-three days, another three hundred and eight days. These cases are mentioned to show that success is not always to be expected in six months, and that friends and corporations should not

limit their action to any arbitrary period, so long as a reasonable prospect remains of restoring a suffering fellow being to himself, his friends and society—enabling him to become a blessing instead of a burden. It was stated in my last report that, "there were in the Hospital on the 30th November, six patients, *cured*, who were waiting for their friends to remove them." As many remaining at this time, are equally advanced as then, in this respect.

The circumstances adverse to our success, have been the crowded state of our male department since September, 1845,—the necessity of having our most violent and noisy female patients, in the female wing of the house for more than two months, whilst our "Cottage" was in the process of building—and the want of an adequate supply of water, more than five months in the year.

There is reason to believe that the fact reported by the Trustees last year, that "our male wing was full," has had a tendency to deter those who had male patients, from bringing them—since only forty-five *males* have been offered for admission, of the one hundred and two admitted. It is not easy to account for this reversion of the usual order of admissions, from any other cause. Although we have had more *patients* than *rooms* in the male department for the last fifteen months, it has not been found necessary to refuse admission to any applicant; nor has any accident happened in consequence of placing two beds in a room. It is hoped and believed, that we shall be able to accommodate all suitable applicants, entrusted to our care, without material inconvenience, until our new wing is completed. The inconvenience of having furious female patients with others, is no longer necessary, as a most excellent cottage has been erected, in

which are twelve rooms for patients—one for attendants, and a bathing room, supplied with cold and hot water, and every convenience which the care of this peculiar class of patients demands. This department being placed under the immediate and constant care of two faithful and competent attendants, we feel that every comfort and safety, which their situation admits of, is secured to the inmates.

The supply of water has generally been abundant about nine months of the year. Last winter, for the first time, was a deficiency at *that* season of the year—about a month we had not the needed supply. During the past dry season, which yet continues, we have obtained a scanty supply by drawing several hundred puncheons more than a mile; and unless the rains shall "fill the pools," we have no better prospect before us for the coming winter. The conveyance of the water from our excellent spring, about a mile distant, though the lead pipes have been laid down at an expense of more than one thousand dollars, has thus far proved a complete failure. For more than four months of the past year not a warm bath could be prepared, in the building, except by carrying the water to the bathing rooms in pails.

Our situation in this respect contrasts poorly with the opinion of Sir W. C. Ellis, whose knowledge in these matters probably equals that of any living individual, viz: "It is absolutely essential that there should be such an abundance of water, that it should be perfectly immaterial whether a thousand gallons, or a thousand hogsheads, a day are used."

That this evil can and must be obviated, must be apparent to every one in any way concerned in the management of the Institution.

I will not permit myself to believe another year will be suffered to pass before a complete remedy is applied.

As well might a water-mill be placed in a dry ravine, as an Insane Hospital where an unfailing and abundant supply of good water cannot be had. During the months of August and September, with a temperature higher than almost any experienced in the same months during the present century, I felt no ordinary concern for the health of the establishment.—And now, when I remember that even our water closets were supplied by hand buckets, it seems little less than miraculous that we escaped some fatal epidemic.—Nothing short of the untiring care and labor of my assistants could have preserved the cleanliness and purity necessary to avert the dreaded evil.

The gentlemen entrusted with making and administering the laws have shown a most praiseworthy readiness to make provision for the care and comfort of the insane, and guard them from all the abuses to which their helpless condition and the carelessness or wantonness of others subject them. Still there are loopholes through which sordid ingenuity escapes the meshes of the law. No man, who has not, like the benevolent and self-sacrificing Miss Dix, visited every prison, alms-house, work-house and hovel in the state, where an insane person is caged or kept, can or will believe the wretchedness and misery at this moment existing in our community. Scarcely a month passes which does not disclose some case of suffering, which challenges human belief and causes humanity to shudder.

The act approved the 10th day of August last, the 3d section of which provides for the sending insane paupers to this Hospital, has unriveted chains of fifteen years' wear, and opened hovels where cleanliness and comfort were

things unknown. Since that time one poor creature in one of the towns in this state, who was confined in an *out building*, was burnt to death with it! The circumstance made a paragraph for all the newspapers, but whether any one has gained wisdom from it, is not known. The law above referred to has been evaded because "*any inhabitant*" of the town &c. must be the petitioner. I am sorry to be compelled to state that there is a town not far from this, in which no "*inhabitant*" can be induced to risk his popularity with his townsmen, and possibly a few additional cents to his taxes, to send a middle aged insane pauper, who is believed by her husband and friends to be curable, to the Hospital.—The husband and relatives, residing in other towns have not yet been able to procure the petition provided by law. The degrading fact is, so long as insane paupers may be disposed of at public auction to the lowest bidder, so long will they be subject to all the abuses to which helpless poverty can subject its victims,—all other persons can cause their sufferings to be known, and more or less to be heeded; but the poor maniac may rave at the winds, and those *who pass by on the other side* consider it as the natural consequence of a bereavement, which they do not, and care not to understand.

Another crying evil is, that insane persons are yet incarcerated in the county jails. This can never be right where the state has made proper provisions. The insane person must either be the associate of criminals, or poor debtors, or be solitary. Neither of these positions can be right. The first association is a violation of the rights of the insane—the second of the debtor—and if solitary confinement is necessary, which is a rare case, it should be imposed where a constant supervision exists, which never

is in a common prison as it is in a Hospital. I learn, that in sight of the place where I write, an insane man is, and for years has been, confined in the jail—I know not why. As the bills for his maintenance probably come before your honorable board for allowance, it may not be thought extra-judicial should you institute the inquiry.* I cannot conceive of a case in which an insane person ought to be made a resident in a jail or house of correction in this state, any longer than until he can be removed to this place.—In recent cases, it would be to hazard the recovery of the patient. A disease which would almost certainly recover under proper treatment, would probably be rendered incurable by detention in a situation where it could not have the requisite medical and moral means for its recovery.

I would call attention to the senseless legal requisition to have notices served on insane persons to appear before town and county officers to show cause, &c., in relation to guardianship.—The raving are rendered more violent and the timid and melancholic are frightened or depressed —only the stupid who know little or nothing, are not injured by it. I do hope the legislature in their wisdom, will devise some other mode of proving insanity than notice to the insane.

An evil still more extensive, though less revolting, is found in the well meant, but mistaken notions of friends in retaining their relatives in situations, and in the use of such means as are least likely to restore health to the disordered brain and nervous system. In the first place, most people, and I fear some physicians, and a host of quacks, suppose insanity to consist *in a disordered or dis-*

* Since writing the above, this man has been sent here by judicial process—in consequence of action at your board.

eased mind, instead of a *disordered or diseased state of the brain and nervous system*, on which the mind is dependent for all its manifestations. If this simple truth could be admitted and understood, the affair would not only be divested of much of the mystery which ignorance and superstition have thrown around it, but physicians and friends would understand that such maladies require, and will respond to, proper medical treatment, as readily as any other class of diseases equally grave in their character. If we except cases of direct injury, as those from blows on the head, sun stroke, epilepsy and palsy—diseases of this class observe the same laws as to commencing with functional derangement, which, if neglected, or improperly treated, end in change of structure, as do other similar affections; and have the same tendency to become permanent and incurable.

Every report which has been made at this Institution, as well as most others which I have examined, has urged the propriety of early admissions of insane persons to Hospitals, public or private, purposely prepared for their treatment. The eminent success, every where realized, in cases of insanity, early placed under proper treatment, convinces me, that of all cases not paralytic or epileptic, ninety per cent. would be cured, if not improperly interfered with by those who placed them under treatment.

As many such cases will recover, as will do so among an equal number, affected by any other disease, equally grave, if promptly and properly treated. They *would* be thus treated, but for the false notions above alluded to, and some others yet to be mentioned. One of these is, the belief that certain quack doctors have a *specific*, which will almost miraculously cure "crazy folks." Some essence of bow-and-arrow—some Chickesaw Catholicon,

obtained from the Indians, (who by the way have little use for it themselves,) which is "death to fits and insanity." The time in which a cure would be effected under proper treatment, is consumed by these mounte-banks, and a curable disease becomes incurable.

My professional brethren will pardon me, I doubt not, if I express the opinion, that the subject of insanity occupies quite too small a space in their education and subsequent investigations. Neither private teachers nor public schools give it more than a passing notice. This fact is not peculiar to our state or country. If I have the opinion that not one half the medical practitioners in Maine, possess a standard, scientific work wholly devoted to the subject, perhaps no good will come of making it public. But if every physician did possess the requisite qualifications, insane persons could not be as well treated at home as in a Hospital. Whether the disease has been produced directly or indirectly, by a physical or moral cause, or both—the scenes and associations, which accompanied, nay, may have produced the malady, are illy calculated to promote its cure. Nor can all the necessary conveniencies and appliances be had in a private family; nor can the prescriptions of a physician be there followed and enforced, as they can in an Institution fitted for the purpose.

Without aspiring to be a public teacher, I may be permitted to make a few suggestions to my professional friends, which my limited acquaintance with the subject, enables me to offer. I will lay down a single proposition, viz: Precisely the same *medical* treatment is required, when insanity is present, (which is only a symptom) as in the same irritations and actions, in similar or the same organs, when that symptom is absent.

For want of this simple mode of investigation, many

physicians, I am confident, take it for granted that inflammation is necessarily present, in all cases of acute mania, and the lancet follows the opinion, promptly, perhaps repeatedly. It is not insisted that general bleeding is *never* necessary, but I do believe very few cases require it, and thus more injury is done in most cases to the powers of the brain, than by any other active remedy usually resorted to. Temporary or permanent dementia often follows this displetion. As arterial action is always unequal, local, instead of general blood-letting, would be as efficient, if not more so, and in my opinion more safe.

Another mistake often made by friends and physicians is, in considering those cases, in which melancholly is a prominent symptom, as requiring a more tonic and stimulating course than those of mania. This by no means follows, as matter of course. The difference often consists in the portion of the organ affected and not in its vigor, nor action of its vessels.

Another more common and grave mistake in these cases arises from their being less violent and occasioning less trouble to those who have the care of them; consequently their proper treatment is neglected, until none, which can be adopted, will succeed. Organic change has taken place and the patient drags out a miserable existence or commits suicide, and the friends "lay the flattering unction to their souls" that they *have done all they could;* and so the matter rests. The friends of suicidal patients are little aware of the responsibility they assume by retaining them at home, or in any situation where ample means and attendants do not exist to prevent the completion of their designs. There has been no time within the last year in which we had not several most determined cases of this kind; and in not less than four instances was

the intention all but accomplished, but happily they were discovered seasonably to save them. Some of these patients have entirely recovered and are with their families and friends. No class of patients occasions so much anxiety, nor, with our present conveniences, demands so much watching and restraint. Whatever may be thought or said as to the propriety or impropriety of using mechanical restraints, we wish the friends of our patients and the public to know, that we will in no case permit our suicidal subjects to be without personal attendance, or such mechanical restraint as to render it next to impossible to inflict serious injury on themselves.*

As the subject of artificial restraints is now before us, we will say that no material change has taken place in this respect. When our patients are determined to use their hands to injure themselves or others, or to destroy clothing, furniture or glass, they are either secluded or have their hands placed in muffs, mittens or pockets of the camisole, for such length of time as the safety and quiet of all seem to require. Those persons who will not lie in bed, are sometimes placed on the bed-strap, which gives great freedom to the limbs, and admits turning from side to side, but insures a horizontal position. An ingenious gentleman of Marseilles, in France, has invented a bedstead or bunk in form of a trunk, the cover of which is strong lattice work, in which violent and suicidal patients are confined at night. We have not yet procured the article, but shall have some made at our

* In Institutions of long standing and in States where reports have been circulated from twenty to forty years, it may be considered that observations on the treatment of the insane both medical and moral may well be omitted. Although my predecessors have said most, if not all which was necessary on these points, their reports have not reached nearly all our citizens. This may be a sufficient apology for the above remarks.

earliest convenience, and test their utility. We are not ignorant of the controversy which has for years been going on between the advocates of occasional restraint and those of non-restraint—nor that the use of restraining apparatus has been greatly and properly diminished. But whoever imagines that "live Yankees" can be controlled by the same means as the canaille of France or the stupid pauper population of Great Britain and Ireland, will find himself under an egregious mistake.

It is very possible that if we had "padded rooms" and an attendant, if necessary, to every patient, our restraining apparatus might be burnt.

We know that in some of the establishments in this country their means are so abundant that their only limits, as to attendants and appartments, are regulated by the Superintendent's opinion of utility. Such is not, and probably never will be our situation. This is a State Institution, intended for the reception of all classes, rich and poor, on a footing of perfect equality as to *charge* and *privileges*. The richest man here has no means of knowing whether his associate is supported by his own means, or those of the public.

In fact, very few know until they recover, who is accountable for their own bills. In such an establishment, with the board and attendance placed at the lowest possible rate which will meet the current expenses, sometimes even less, it cannot be expected we should employ as many attendants, nor afford such accommodations, as those can where board is from three to twenty dollars per week. Nor is it reasonable to expect that equal success will attend our efforts. Such however as has been our success we are happy to lay it before you.

Of fifty patients whose diseases had not been of more

than one year's standing and who had conformed to the rule of the house as to time—forty-two were discharged recovered, seven improved and one unimproved. Five of the eight uncured were deemed curable and ought not to have been removed until cured.

It should be distinctly understood that no person will be received here except in strict accordance with the order of 31st December last, above stated. For want of a rigid adherence to this rule, by injudicious, intermeddling friends, we have more embarrassment from those who reside out of the Institution, than those who live in it. So anxious have we been to accommodate the wishes of friends, who are more frequently guided by *feeling* than *judgment*, that we have permitted their visits to their relatives, generally, notwithstanding our opinion of its impropriety, after stating our views and placing the responsibility on themselves, so far as that can be done. There are many cases, especially convalescents, where visits are desirable. In all cases where in our opinion it will not be injurious, we shall always be happy to accede to the wishes of friends, reserving to ourselves the privilege to believe that those, who insist, after distinct notice from the Superintendent that he considers a visit improper, are not entitled to that courtesy. The fact is, we had rather in future take the responsibility on ourselves of denying improper visits, than throw it on those who are not, and cannot be qualified to judge. By this course we shall secure the greatest good to our patients, at the risk of offending those who can better bear the excitement of a refusal.

Hitherto circumstances rendered it proper that great freedom of inspection should be granted the public, so they might see and judge of the correctness of our action. It was due to the citizens of this State that every proper

opportunity should be granted them to see that neatness and order pervaded every department. This has been done, sometimes, to the great annoyance of our inmates. If that public are not satisfied that the Institution is well managed and will be safe under the monthly inspection of a board of trustees of their own selection, visiting us without a moment's notice, they cannot be better satisfied. Although we shall be happy to see visitors at proper hours, and show them such parts of the buildings and grounds as are unoccupied by patients, it must be understood that any further exhibition is a favor to be granted or withheld at our option.

Our patients were not placed here for exhibition, like wild animals in a menagerie, as some seem to suppose. Some of them know and feel this very sensibly. Let any sensible, well bred person ask the question, should I like myself or dear relatives made the subjects of an inquisitorial gaze in an Insane Hospital? The answer would irresistibly follow in the negative.

Our number of deaths this year is small, when compared with our numbers and with that of former years, as will appear by the table prepared for that and other purposes [No. 3.] Two of these were cases of young men bordering on a state of dissolution at the date of our last report. One a case of general and most helpless paralysis which was admitted because her friends could not make her comfortable the few days she had to live. One was a case of seven years standing, laboring under pulmonary and general disease, admitted a few weeks before her decease. The fifth was that of a man aged 86 years, who had long been with us, and died of old age.

In this as in all other places where Institutions for the general reception of the insane are *first* established, there

is an accumulated mass of incurable cases ready to be the first occupants. Some are sent because they are so violent, helpless or filthy that they cannot be maintained for the same expense. Others are sent, however long their insanity may have existed, because some almost miraculous cures are expected from the new Institution. When to these are added the cases which from severity or neglect become incurable from year to year, a new Institution is likely to have a very large proportion of old incurable cases. These would diminish by deaths and the proper treatment of new cases, if the negligence of corporations and individuals did not unnecessarily add to their numbers by means already alluded to.

There has been for some years in this Hospital an individual, whose family is strongly predisposed to maniacal insanity. By many years neglect this patient became incurable, the powers of the brain seem to exist in fragments. He is and probably always will be a public charge. Two of his sons have been attacked, seasonably brought here and cured. One of them has had a second attack and was suffered to wander and the disease to recover, so far as it has recovered, by the powers of nature. These young men, during the absence of disease, are industrious, prudent citizens. If sent to the Hospital soon after each attack, there are nine chances in ten, they will recover and return to their occupations and proper place in society. If neglected until functional derangement changes to organic lesion, they will become a public charge for life. These cases are selected, more forcibly to illustrate and enforce a principle already alluded to, and if possible to convince public officers and individuals that not only safety, but in the long run, economy, calls for early and efficient action. If these suggestions were

universally adopted, it would not be many years before instead of the majority of our inmates being of a hopeless class of incurables, it would consist of recent curable cases.

Of the one hundred cases on hand the following result is anticipated, if they remain under our care, viz. twenty curable; sixteen doubtful and sixty-four incurable. By this it will be seen that we rely almost wholly on the admission of recent cases to form our future list of successful treatment.

The sixty four incurable cases are of all ages from thirteen to seventy-three years, and their diseased state from one year to thirty-five years standing.

TABLE [No. 3,] *showing the operations of the Institution for 6 years and 48 days, viz:—from 14th October, 1840, to November 30, 1846.*

Years reported.	Admitted.			Discharged.			Died.			Total discharged and died.	Recovered.	Average No. for year.	Per cent. of cures on discharges and deaths.	Per cent. of deaths on average No. for year.
	Males.	Females	Total.	Males.	Females	Total.	Males.	Females	Total.					
1840—14th Oct. to 31st Dec.,	22	8	30	1	1	2				2	1*			
1841, - - - - -	62	43	105	42	31	73	4	2	6	79	33	55.3	41.77	10.84
1842, - - - - -	50	37	87	34	36	70	4	2	6	76	36	62.2	47.26	9.64
1843—1st Jan. to 30th Nov.,	51	31	82	50	25	75	3	1	4	79	31	65	39.2	6.1
1844—1 year, to Nov. 30,	43	40	83	36	36	72	2	1	3	75	32	70	42 66	4.3
1845—to Nov. 30, - -	50	49	99	40	43	83	5	2	7	90	38	80.2	42.22	8.72
1846—to Nov. 30, - -	45	57	102	38	44	82	3	2	5	87	46	93.9	52 87	5.31
Aggregates, - - -	323	265	588	241	216	457	21	10	31	488	217	71.1	44.33	7.48
Remaining 30th November, 1846, - - -										100				
										588				

A very valuable work has recently been published on "the statistics of insanity" by Dr. Thurnam, of the Retreat near York, in England.

* Not reckoned in the per centage, the time being too short and the number too small to make it proper.

He insists strongly on the propriety of comparing the number of cures with the number of *admissions*, instead of comparing them with the discharges and deaths as has been usual here and I believe every where else. It may do very well for an Institution like the Retreat, of fifty years standing, but in a new Institution in which one fourth or even one half the cases admitted were still under treatment, very little would be learnt as to the prospects of success. I shall pursue the course heretofore adopted at this, and, I believe in every Institution for the Insane in the United States, and leave it for those who come after me to change as they please. I confess however, that our mode of comparison is imperfect, and if we did not state the prospects of those who remain, more might be expected of them, by their friends, than will ever be realized. In my last report I placed against each case what I considered the prospect of cure. By attention to dates, the friends and even patients themselves could see what was supposed to be their chance of recovery, and were liable to be affected by it. I shall content myself at this time, with the statement above in aggregate numbers.

Classification in reports, is rendered nearly useless for want of a uninimity of sentiment on the subject. I shall not publish ours, until a uniform system shall be agreed on by the "Association of Superintendents."

The want of uniformity as to admitting Imbeciles, Idiots, Paralytics, Epileptics and cases of *mania a potu*, renders it very difficult to form any opinion of relative success. We do not consider cases of *mania a potu* as any more proper subjects for an Insane Institution, than the common delirium of fever.

Still, in one report last year, thirty-seven such cases are detailed, of which thirty-five are reported cured—one died

after the delirium ceased, and one, who had just entered, remained. These thirty-five cures constitute exactly one half the recoveries for the year; and all but nine of their males, recovered. Now by reporting these cases the recovery of males discharged and dead, amounts to 83 per cent. If they are deducted, the recoveries would be exactly 50 per cent.

This want of uniformity is to be regretted, since these reports go to the public and by them are used as tests of comparison.

It has been usual to give tables showing the number of admissions in each month or quarter of a year, as an indication of the time of year in which persons are most liable to be affected by insanity. The following table will show that no reliance whatever can be placed on this circumstance of admission, as showing the season of the year when attacks are most prevalent.

A TABLE [No. 4] *showing the duration of disease before admission, in all cases admitted in the year ending 30th November*, 1846.

Months.	Not over 1 month.		3 months.		6 months.		9 months.		1 year.		2 years.		3 years.		4 years.		5 years.		6 years.		10 years.		20 years.		30 years.		Total.
	M	F.	M	F.	M	F.	M	F.	M	F.	M	F.	M	F.	M	F.	M	F.	M	F.	M	F.	M	F.	M	F.	
Dec.			1		2	1	1			1											1						7
Jan.	1	1					2				1						1				1						7
Feb.						1							1											1			3
Mar.	2	1	1			1		1		1											1	1	1	1			11
Apl.		1	1	2		1			1		2	1										1					10
May	1	2		1	1						1	1	1														8
June	1		1	1								3											1	1			8
July	2	2	1	2	1							2						1									11
Aug		2	1			2					1						1		1			1					9
Sep.	1	1	1	2		2					1	2							1			1		1		1	14
Oct.	1	1			2																						4
Nov		1		2	1	1				1	1			1										1		1	10
	9	12	7	10	7	9	3	1	1	3	7	9	2	1			2	1	2		3	4	2	5		2	102

The following table it is believed will give some information as to the season of the year in which most attacks take place.

A TABLE [No. 5] *showing the month in which all persons were said to be attacked who have been admitted at this Hospital within one year from the attack.*

January.		February.		Mareh.		April.		May.		June.		July.		August.		September.		October.		November.		December.		Total.	
M.	F.	M.	F.	M.	F	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
16	7	14	19	21	23	26	19	31	12	16	16	16	17	15	18	10	11	14	11	10	14	15	7	204	174
23		33		44		45		43		32		33		33		21		25		24		22		378	

By the above table it will be seen that from February to August, the attacks show a large percentage over any month of the remaining five. The following table is designed to show the time of the year when the same class of patients recovered.

TABLE [No. 6] *showing in what months recoveries and discharges have taken place, in all the cases which have been discharged, recovered, whose cases were not more than one year standing when admitted.*

December.		January.		February.		March.		April.		May.		June.		July.		August.		September.		October.		November.		Total.	
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
8	7	10	2	7	8	11	8	7	6	5	6	8	14	9	4	13	5	12	6	8	7	9	8	107	81
15		12		15		19		13		11		22		13		18		18		15		17		188	
Winter 42.						Spring 43.						Summer 53.						Autumn 50.							

The above is on too limited a scale to warrant a gen-

eral conclusion, but as the cures in summer and autumn are twenty-two per cent. higher than in winter and spring, and as the reports of other Institutions coincide very nearly with the results obtained here, we may be authorized to believe that something like this ratio will hold good. One of the reasons however why such a proportion recovers at these seasons, is doubtless found in the fact, that the greatest number of attacks are in the other seasons, and this proportion of recoveries may be, and probably is, more owing to this circumstance than to any effect of season or temperature.

The whole number admitted since 14th October, 1840. Males, 321. Females, 267. Total, 588.

Civil state,	Married,	295
	Unmarried,	250
	Widowers,	19
	Widows,	24
		588

Average age of 31 deaths. Male, 42.6 years. Female, 44.9 years.

By the last legislature a resolve was passed, ordering a census to be returned of insane persons and idiots existing in this state on the first day of September last. One hundred and six cities, towns, and plantations have obeyed the resolve, viz:

County of York,		8 towns.
"	Cumberland,	7 "
"	Lincoln,	10 "
"	Hancock,	7 "
"	Washington,	6 "
"	Kennebec,	9 "
"	Oxford,	18 "

County of Somerset,	- - -	11 towns.
" Penobscot,	- - -	6 "
" Waldo,	- - - -	5 "
" Piscataquis,	- - -	5 "
" Franklin,	- - - -	6 "
" Aroostook,	- - -	8 "
		106

The following abstract is compiled from these returns, and partial as they are, must form the basis of our calculation for the whole state, since we possess none better.

TABLE [No. 7] *showing the number, sex, &c. of insane persons and idiots in* 106 *towns, &c., on the first day of September,* 1846, *where and by whom supported.*

Counties.	Insane.		Idiots.		Private charge.		Public charge.		Hospital.	
	M.	F.	M.	F.	Insane	Idiots.	Insane	Idiots.	M.	F.
York, 8 towns, &c.	9	18	18	7	14	16	13	9		1
Cumberland, 7 do.	16	16	22	8	5	20	27	10	2	1
Lincoln, 10 do.	6	14	12	12	11	19	9	5	1	1
Hancock, 7 do.	4	8	2	3	5	4	7	1	2	3
Washington, 6 do.	1	1	5	5	1	7	7	3	1	
Kennebec, 9 do.	8	6	8	13	8	11	6	10		
Oxford, 18 do.	11	15	8	8	12	6	14	10	2	
Somerset, 11 do.	11	11	13	9	9	12	13	10	1	2
Penobscot, 6 do.	8	3	12	10	7	18	4	4	2	2
Waldo, 5 do.	9	7	2	5	10	6	6	1	3	2
Piscataquis, 5 do.				3		1		2		
Franklin, 6 do.	2	5	3	3	1	3	6	3		1
Aroostook, 8 do.		2			2					
Total, - - -	85	106	105	86	85	123	106	68	14	13
	191		191		208		174		27	

An interesting coincidence is contained in this table, viz: 191 Insane and 191 Idiots—one not likely soon again to happen. The towns above reported contained as near as can be ascertained (some having since been

incorporated, divided, &c.,) in 1840—153,247 inhabitants. I have added 18 per cent. for increase, making present number 180,831. We have by this calculation one insane person and one idiot for every 947 persons in the State. The same mode of calculation gives 625 insane and 625 idiots in our entire population.

So far as the above returns profess to give the relative proportion of *insane* and *idiots*, they are of no use whatever; because those persons who have once been rational, accountable beings, and have become extremely demented, have been confounded with, and returned as, those who have never manifested such mental powers. Idiots, are such from natural defect or disease in infancy—and none other belongs to this class. It is very certain from the investigations of the most observing in such matters, that not one idiot exists for three persons who have become insane in after years.

The careless use of terms, even by professional men, has led to this mistake. Nothing is more common than to speak of a person whose mental powers have become incongruous and useless, as an *idiot*—at the same time few things are more absurd. I am therefore induced to believe that we have nearer a thousand, than six hundred insane persons in the State, and probably from two to three hundred idiots.

The reports indicate that there are at least as many insane females as males in the State, although much fewer of the former than of the latter have been in this Institution. On the day of the taking of the census, there were here 60 males and 40 females. In the towns reported they return in families, 71 males and 93 females. If the same ratio holds good in other towns, the number of females predominates. This is precisely what was to be expected.

For instead of sending as many females as males to a proper place to be cured, they have been retained at home, in consequence of which, more of them remain insane than there would, had they been properly dealt by. It cannot be believed that the cure of females is considered less important than that of males; I am therefore led to the supposition that their violence is less feared and their confinement more easily accomplished at home.

The following table shows the state of 16 Institutions for the insane in the United States, from the latest returns in our possession. Cases of *mania a potu* are excluded, if known.

TABLE [No. 8.] (Note.) *Discharges include deaths. Per cent. of cures on discharges and deaths. Deaths the same.*

Names or places.	Date of Report.	No. at commencement.		Admitted.		Discharged.		Cured.		Improved.		Stationary.		Died.		Remain.		Per cent. of cures.	Per cent. of deaths.
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
Insane Hospital, Augusta, (Me.,)	30th Nov'r, 1846.	55	30	45	57	41	46	23	23	10	11	5	10	3	2	59	41	52.8	5.7
Asylum, Concord, (N. H.,	1st June, 1846.	39	37	51	47	40	36	16	10	8	15	9	7	6	5	56	42	31.2	14.4*
Asylum, Brattleboro', (Vt ,)	1st August, 1846.	120	143	95	102	78	91	94		34		16		25		137	154	52.5	13.9
McLean, Somerville, (Mass ,)	31st Dec'r, 1845.	75	77	64	55	70	63	39	35	6	8	7	11	9	4	78	73	55.6	9.7
South Boston, (Mass.,)	31st July, 1845.	108		23	9	17	3	9		1			1	7	2	120		45.	45.†
Worcester, (Mass.,)	30th Nov'r, 1845.	128	135	164	129	100	96	64	58	11	14	10	15	15	9	192	168	61.2	12.2
Retreat, Hartford, (Ct.,)	31st March, 1846.	53	50	56	72	55	60	24	31	17	15	9	3	5	11	53	63	47.8	13.9
Bloomingdale, (N. Y.,)	31st Dec'r, 1845.	54	50	71	67	65	60	30	31	20	12	8	12	7	5	60	57	48.8	9.6
Asylum, Utica, (N. Y.,)	30th Nov'r, 1845.	131	129	151	142	139	129	76	59	39	39	14	20	10	11	143	142	50.3	7.8
Asylum, Frankford, (Pa.,)	28th Feb'y, 1845.	52		48		41		25		11		5				58		60.9	0.
Hospital for Insane, Philadelphia, (Pa.,)	31st Dec'r, 1845.	151		177		159		80		29		30		9	11	169		50.3	13.2
Hospital for Insane, Baltimore, (Md.,)	31st Dec'r, 1845.	52	35	54	37	49	20	27	13	6		8	5	8	2	57	52	57.9	14.4
Mt. Hope, Baltimore, (Md.,)	31st Dec'r, 1845.	11	31	22	42	15	37	9	26	4	7	2	3		1	17	39	67.3	1.9
Williamsburg, (Va.,)	31st Dec'r, 1845.	69	63	19	6	17	12	10	2					5	7	71	57	33.3	33.3
Stanton, (Va.,)	31st Dec'r, 1845.	97	47	53	39	36	19	15	10	3	2	4		14	7	114	67	45.4	38.1
Columbus, (O.,)	15th Nov'r, 1845.	79	67	86	64	40	32	23	21			7	4	10	7	125	99	61.1	23.6
Totals and average,		2168		2047		1666		886		324		225		217		2558		51.52	16.04

* 3 by small pox. † I could not omit to use this report in my table, notwithstanding it differs from all the others, in many

In the above table the deaths are calculated on the discharges, which is very far from a satisfactory method. The percentage of deaths should be cast on the average number under care for the year. I will give a table in which the mean between the 1st and end of the year is taken in those cases in which the average is not reported.

TABLE [No. 9.] *Percentage of cures and deaths calculated on the aggregate and average numbers; also on discharges and deaths.*

Institutions.	Recoveries per cent.			Deaths per cent.		
	On aggregate.	On average.	On discharges.	On aggregate.	Average.	Discharges.
Maine, - - -	24.	48.9	52.8	2.6	5.3	5.7
New Hampshire, -	14.9	30.	34.2	6.3	12 6	14.4
Vermont, - -	20.4	34.3	52.5	5.4	9.	13.9
McLean, - -	27.2	48.6	55.6	4.7	8.5	9.7
South Boston, - -	6.4	7.8	45.	6.4	7.8	45.
Worcester, - -	21.9	46.6	61.2	4.3	9.1	12.2
Hartford, - -	23.8	50	47.8	6.9	14.8	13.9
Bloomingdale, - -	25.2	50.8	48.8	4.9	10.	9.6
Utica, - - -	24.4	49.6	50.3	3.7	7.7	7.8
Frankford, - -	25.	45.4	60.9	0.	0.	0.
Philadelphia, - -	24.3	50.	50.3	6.	12.5	13.2
Baltimore, - -	22.4	40 8	57.9	5.6	10.2	14.4
Mt. Hope, - -	33.	71.4	67.3	.9	2.	1.9
Williamsburg, - -	7.6	9.2	33.3	7.6	9 2	33.3
Staunton, - -	10.5	15 4	45 4	8.8	12 9	38.1
Columbus, - -	14 8	27.8	61.1	5.7	10.6	23.6
Average, - -	20.36	39.12	51.52	4.98	8.88	16.04
Maine, - -	24.	48.9	52.8	2.6	5.3	5.7

It is gratifying to notice that on each basis of calculation our cures are above, and our deaths much below the

respects. It is a city Institution where every class of insane persons, unable to provide for themseves, found in Boston, are accommodated. A large proportion are foreigners—many are stragglers who have wandered from their homes, &c. Notwithstanding these peculiarities, some of its accommodations equal the best in the country; and so far as I am informed, it stands decidedly ahead of any pauper Institution of the kind in the United States.

average. But it is evident no calculation of this kind ca be a test of merit. The age of the Institution, the clas of patients composing the inmates, the rules of admissio and discharge, &c. will have an influence on the succes of each, entirely beyond the control of those who conduc them.

Further, it should be remembered, that in most cases have been obliged to take the mean between the number at the beginning and end of the year, as the average which may not be rigidly correct, but I am confiden must be very nearly so.

It remains to be stated that our physical and mora treatment is not materially changed. The view take by us and most others, that insanity always depends o derangement or disease of the physical system, has not tendency to diminish our confidence in medicinal remedie if timely resorted to. The want of proper airing court is a serious evil to some classes of our patients, which doubt not will be remedied as soon as the buildings ar completed. Exercise and labor must be had in use.

When the noble addition now in progress is finished which will be 42 feet by 158, three stories above the base ment, we shall have rooms for 131 males and 65 females— with three open verandas to which the males will hav access, with ample parlors for all who are quiet enoug to enjoy them.

The grounds in front, are nearly graded and should b cultivated and ornamented.

I hope the gentleman who has done more for this In stitution than any other, and who is actuated by noble motives than publicity, will pardon me for acknowledging the receipt of a beautiful carpet for our upper femal gallery, costing nearly one hundred dollars. The dono

is not only entitled to our thanks, but I am sure he has that of the ladies to whose comfort and convenience he has so often contributed.

The clergymen of Augusta and Hallowell, have kindly attended our Sabbath evening services, whenever their other duties permitted, and evince a willingness to continue their labors. Our supply of newspapers has increased since my last report. The donors of the following periodicals are entitled to the grateful acknowledgements of every person connected with this establishment, viz: Olive Branch, Boston Cultivator, Eastern Argus, Christian Mirror, Portland Transcript, Saco Democrat, Yankee Blade, Cold Water Fountain, Maine Cultivator, Gospel Banner, Maine Farmer, State Signal, Bangor Courier, The Democrat, Vermont Asylum Journal, and N. H. Asylum Gazette—to Lieutenant Wainwright for valuble files of papers—to the publishers of The Age and Journal for large numbers of their exchange papers.

The avidity with which these are sought and read, and the benefit derived from them, would be an excuse for soliciting similar favors from other publishers and friends of the Institution. Our library has received the small annual increase warranted by the fund for that purpose.

I cannot close without acknowledging my obligations to every officer and assistant in the establishment, for the kind and ready manner in which their several duties have been performed. In an Institution like this, any want of harmony would destroy all usefulness. I am happy therefore in being able to state that no disagreement whatever between the officers, either *in* or *out* of the Hospital, has come to my knowledge since I have been connected with it.

JAMES BATES, *Superintendent.*

Insane Hospital, Augusta, Nov., 30, 1846.

Extract from the "Regulations" of the Hospital.

ADMISSION OF PATIENTS.

Patients admitted to the institution must come provided with at least two strong cotton shirts—a coat, vest, and pantaloons, of strong woolen cloth—two pairs of woolen socks or stockings—one black stock—a hat or cap—and one pair of shoes or boots.

The females must have at least the same quantity of under clothes, including shoes and stockings, a decent bonnet, and two substantial dresses. In both cases, the articles must be new and in good condition. The woolens must be of a dark color.

The patients offered for admission must be perfectly neat and clean in their persons, and free from vermin and infective diseases.

The price of boarding, washing, medicines and attendance, shall vary according to the trouble and expense incurred, in the judgment of the Superintendent, not to exceed two dollars fifty cents, nor be less than one dollar fifty cents for males; not to exceed two dollars and twenty-five cents, nor less than one dollar and twenty-five cents, for females, per week.

Before any patient shall be received into the institution, except when sent by towns or courts, a good and sufficient bond will be required for the payment of all expenses that may be incurred for each patient, including board, and such articles of clothing as it may become necessary to furnish.

For the admission of patients sent by towns, a written request for such admission, signed by the overseers of the poor, will be required.

FORM OF BOND.

KNOW ALL MEN BY THESE PRESENTS, That we, —— ——, of ——, in the county of ——, as principal, and —— ——, of —— in the county of ——, as sureties, are held and bound unto —— ——, steward of the Insane Hospital, at Augusta, or to his successor in said office, in the sum of two hundred dollars, to the payment of which sum, well and truly to be made to him, the said —— ——, or to his successors in said office, we bind ourselves, our executors and administrators, firmly by these presents.

Sealed with our seals, and dated at ——, this —— day of ——, A. D. ——.

The condition of the above obligation is such, that whereas —— ——, of, —— in the county of ——, is about to be admitted as a boarder and patient to the institution aforesaid, for the term of six months, unless sooner discharged by the Superintendent. Now if the said —— —— shall pay to said —— ——, or to his successor in said office, such sum per week, for the board, washing, medicine and attendance, according to the trouble and expense incurred for said patient, in the judgment of the Superintendent for the time being, [not to exceed two dollars and fifty cents, nor be less than one dollar and fifty cents for males; not to exceed two dollars and twenty-five cents, nor be less than one dollar and twenty-five cents for females;] and pay for all such necessary articles of clothing as shall be furnished said —— —— by the said —— ——, or his successor, and remove the said —— —— from said institution, whenever they shall be thereto in writing requested by the Superintendent for the time being—and shall also pay a further sum, not exceeding fifty dollars, for all damages that may arise from injury to the furniture and other property of said institution, by said —— ——, and the reasonable charges that may be incurred in case of the elopement of said —— ——; payments to be made semi-annually and at the time of removal, with interest on the amount after it becomes due as aforesaid: then this obligation to be null and void—otherwise to remain in full force and virtue.